

Quarterly Report on Mental Health Services Utilization for Children/Youth in the Child Welfare System

*Reporting Period: October 1, 2016 to September 30, 2017
April 2018 Report*

Section I: Background

To inform efforts to improve mental health service delivery to children in the Child Welfare System (CWS), the California Department of Social Services (CDSS) is working with the Department of Health Care Services (DHCS) to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual [Performance Outcomes System \(POS\) reports](#) summarizing SMHS Medi-Cal claims data for children in the CWS.¹ CDSS' quarterly reports not only increase reporting frequency using the matched data, but also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, psychotropic medication in conjunction with SMHS). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

Section II: Methodology

This quarterly report provides SMHS utilization for: 1) children with an open child welfare case; and 2) the subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period). Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on March 23, 2018, and reflect SMHS utilization for these two groups that occurred from October 1, 2016, through September 30, 2017. Throughout this report, "penetration rates," defined as one or more days of SMHS, and "engagement rates," defined as five or more days of SMHS, are provided to reflect SMHS utilization for the various subgroups.² These rates are calculated by obtaining the percent of the total number of children.

¹ SDMC data are extracted from the DHCS MIS/DSS. The most recent POS report includes data extracted on June 8, 2018, for State Fiscal Years (SFY) 2013-2014 through 2016-2017.

² The definitions for "penetration" and "engagement" were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS POS.

Section III: Overall SMHS Utilization

SMHS Utilization by Population Groupings

Table 1 shows that during this period, 122,093 children had an open child welfare case. Of these children, 42.2 percent (51,469) had one or more days of SMHS claims and 31.8 percent (38,801) had five or more days of SMHS claims, which indicates that 75.4 percent of those with one or more days of SMHS claims had five or more days of SMHS claims.

Of the 122,093 children with an open child welfare case, 80,377 were in foster care at some point during the reporting period. Of these children in foster care, 47.4 percent (38,130) had one or more days of SMHS claims and 36.3 percent (29,184) had five or more days of SMHS claims during their time in foster care, which indicates that 76.5 percent of those with one or more days of SMHS claims had five or more days of SMHS claims.

Table 1: Specialty Mental Health Service Utilization – October 1, 2016 to September 30, 2017^{1,2}

	Unique Count of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Children with Open Cases	122,093	51,469	42.2%	38,801	31.8%
Children in Foster Care	80,377	38,130	47.4%	29,184	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

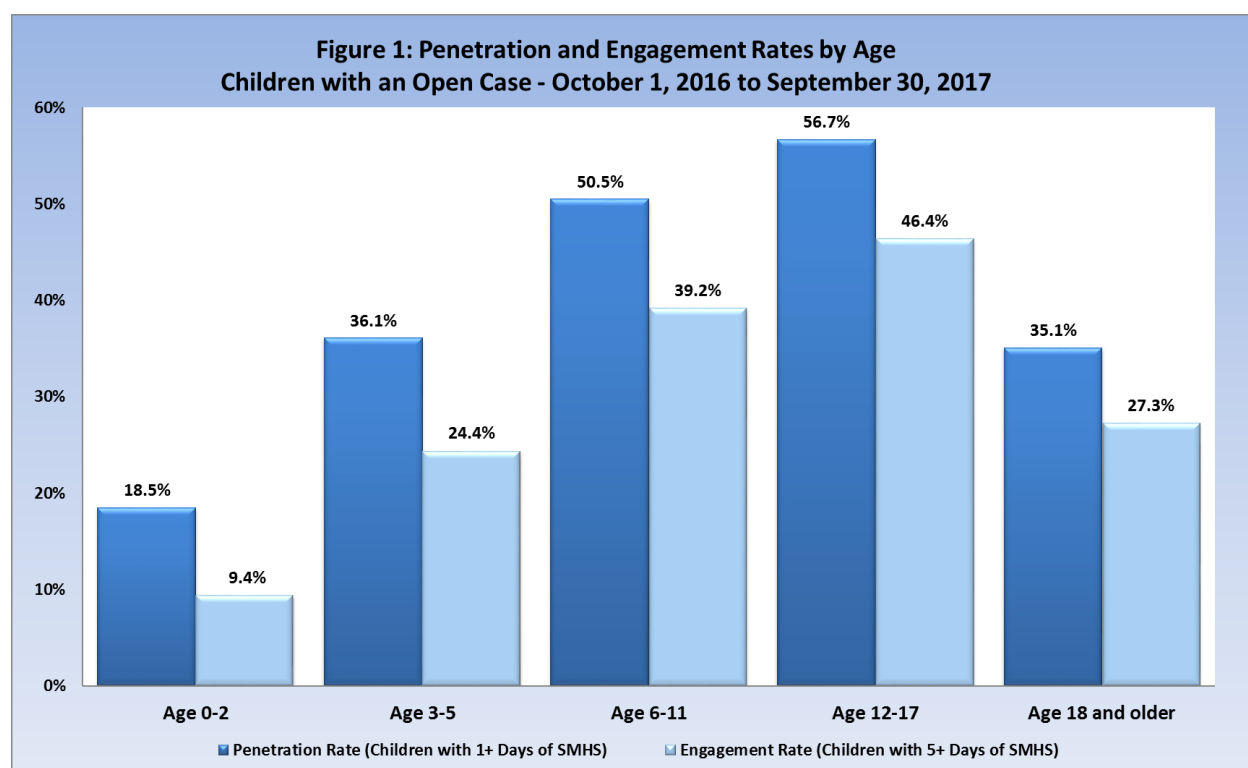
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Section IV: Children/Youth with an Open Child Welfare Case - SMHS Utilization

This section presents SMHS data on the overall population of children with an open child welfare case from October 1, 2016 to September 30, 2017.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by Age Group

Figure 1 and Table 2 present SMHS data for children by age group. Children/youth between the ages of 12 and 17 had the highest engagement rate (46.4 percent) while children age 0 to 2 had the lowest engagement rate (9.4 percent).



Note:

Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 2: Specialty Mental Health Services by Age Group for Children in an Open Child Welfare Case – October 1, 2016 to September 30, 2017^{1,2}

Child Age ³	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	22,005	18.0%	4,078	18.5%	2,067	9.4%
3-5	21,700	17.8%	7,831	36.1%	5,285	24.4%
6-11	35,339	28.9%	17,856	50.5%	13,868	39.2%
12-17	30,598	25.1%	17,335	56.7%	14,183	46.4%
18 to 20	12,451	10.2%	4,369	35.1%	3,398	27.3%
Total	122,093	100%	51,469	42.2%	38,801	31.8%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

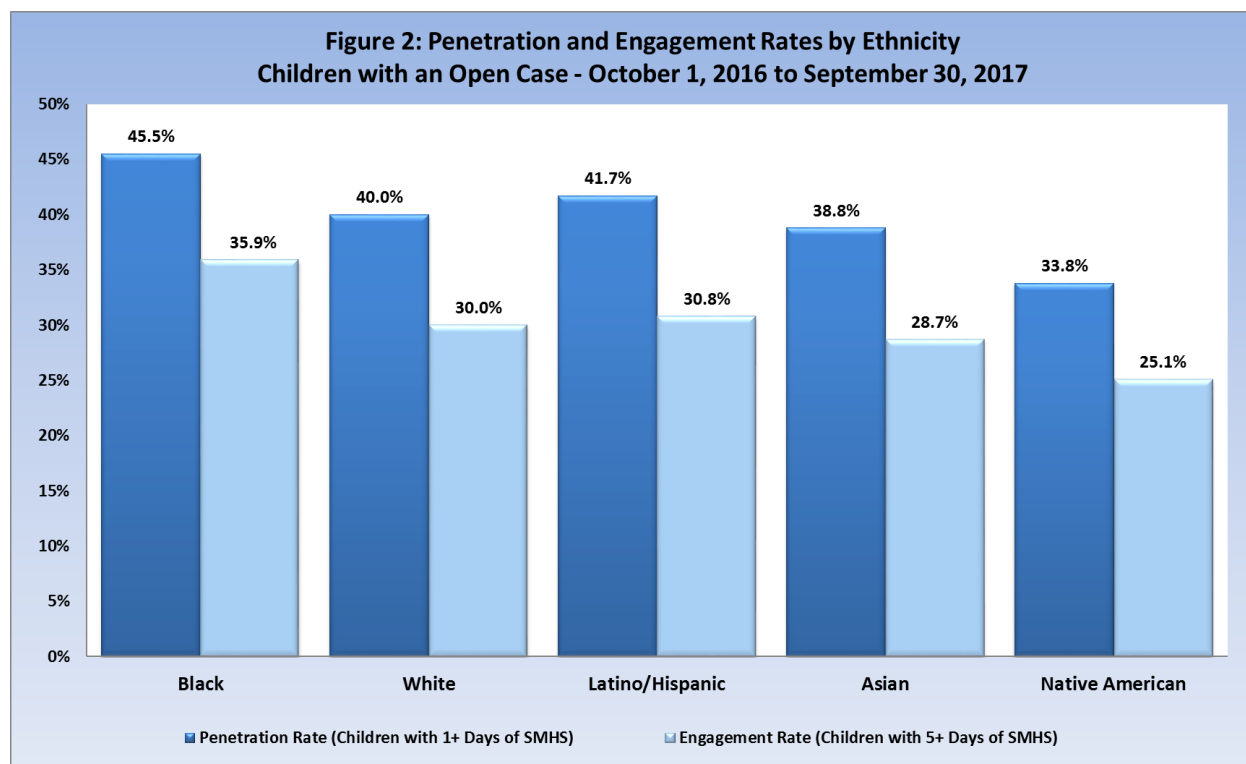
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Age is calculated as of the last day of the reporting period.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by CDSS Race/Ethnicity

As illustrated in Figure 2 and Table 3 below, the percentage of children with an open child welfare case who received five or more days of SMHS did not differ greatly by ethnicity. A slightly higher proportion (35.9 percent) of Black children received five or more days of services. Engagement rates for Latino, non-Latino White, and Asian American children were comparable (30.8 percent, 30.0 percent, and 28.7 percent, respectively). Native American children had the lowest engagement rates (25.1 percent). Differences must be interpreted with caution as statistical tests were not conducted to determine whether these differences reflect true population differences or random statistical variation.

Note: The race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

Race/Ethnicity is based on CWS/CMS. Child Race/Ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 3: Specialty Mental Health Services by Race/Ethnicity for Children in an Open Child Welfare Case – October 1, 2016 to September 30, 2017^{1, 2}

Race/Ethnicity ³	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	23,027	18.9%	10,481	45.5%	8,261	35.9%
White	24,836	20.3%	9,940	40.0%	7,442	30.0%
Latino/Hispanic	66,955	54.8%	27,890	41.7%	20,655	30.8%
Asian	2,791	2.3%	1,083	38.8%	800	28.7%
Native American	1,381	1.1%	467	33.8%	346	25.1%
Missing	3,103	2.3%	1,608	51.8%	1,297	41.8%
Total	122,093	100%	51,469	42.2%	38,801	31.8%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Children/Youth with an Open Child Welfare Case: SMHS Utilization by Type of Service

According to claims data, 97.2 percent of the 51,469 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services as well (38.8 percent; see Table 4).

Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – October 1, 2016 to September 30, 2017^{1,2}

SMHS Types³	# of Children with One or More SMHS⁴ (51,469)	% of Children with One or More SMHS
Mental Health (MH) Services	50,006	97.2%
Case Management	19,984	38.8%
Intensive Case Coordination (ICC)	11,674	22.7%
Medication Support	11,629	22.6%
Intensive Home Based Services	8,335	16.2%
Crisis Intervention	3,457	6.7%
Therapeutic Behavioral Services (TBS)	2,576	5.0%
Inpatient	1,984	3.9%
Crisis Stabilization	1,916	3.7%
Day Rehabilitation	497	1.0%
Day Treatment	251	0.5%
Psychiatric Health Facility (PHF)	142	0.3%
Crisis Residential	41	0.1%
Adult Residential	*	*

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

⁴ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

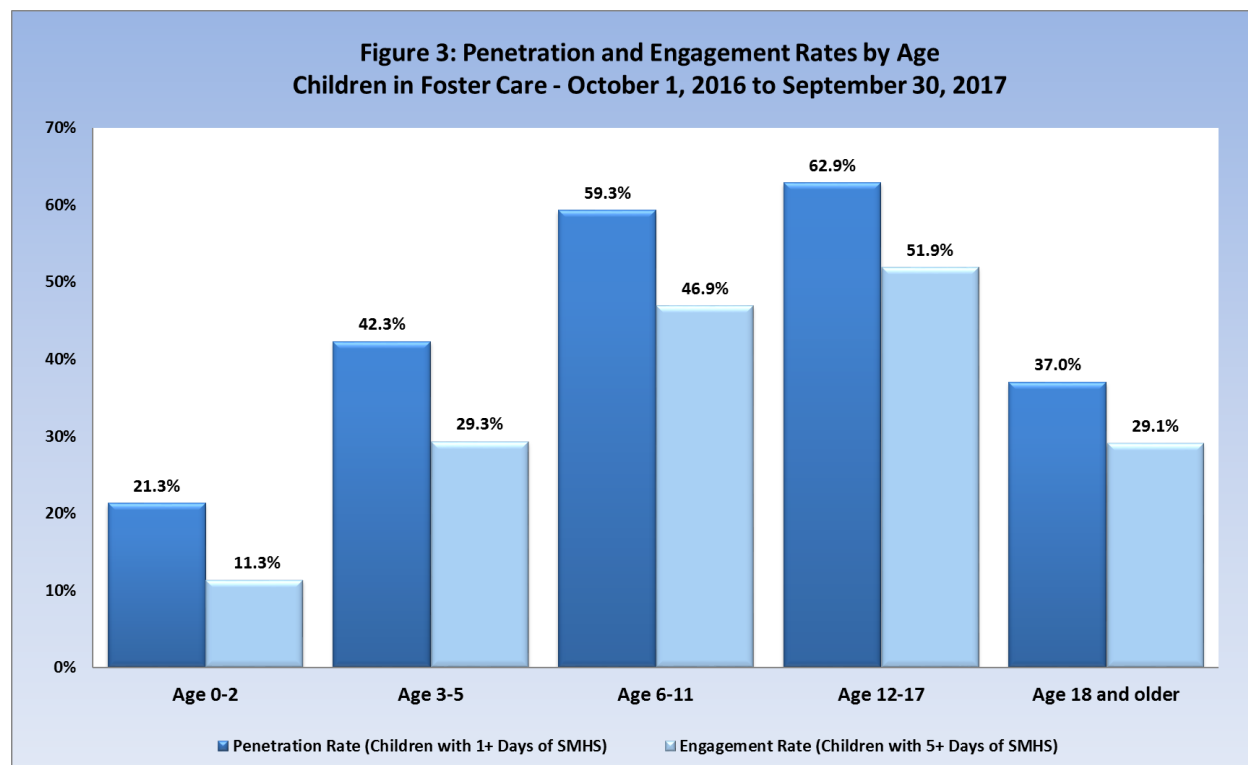
Section V: Children/Youth in Foster Care - SMHS Utilization

This section presents SMHS data on the subset of children and youth with an open child welfare case who also resided in an out-of-home placement (in foster care) at some point during the time period under review.

Note: In this section, the number of children used to calculate penetration rates (38,130) and engagement rates (29,184) exclude children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,463 children received their SMHS while they were in their homes.

Children/Youth in Foster Care: Penetration and Engagement Rates by Age Groups

As shown in Figure 3 and Table 5, a greater proportion of school age and adolescent children and youth (age 6-11 and 12-17) received five or more days of SMHS (engagement rates are 46.9 percent and 51.9 percent, respectively) when compared to children ages 0-2 (11.3 percent), 3-5 (29.3 percent), and youth 18-20 (29.1 percent).



Note:

Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 5: Specialty Mental Health Services by Age Group for Children in Foster Care – October 1, 2016 to September 30, 2017^{1, 2}

Child Age ³	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	14,886	18.5%	3,175	21.3%	1,675	11.3%
3-5	13,774	17.1%	5,825	42.3%	4,035	29.3%
6-11	20,944	26.1%	12,420	59.3%	9,832	46.9%
12-17	20,564	25.6%	12,932	62.9%	10,674	51.9%
18 to 20	10,209	12.7%	3,778	37.0%	2,968	29.1%
Total	80,377	100%	38,130	47.4%	29,184	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

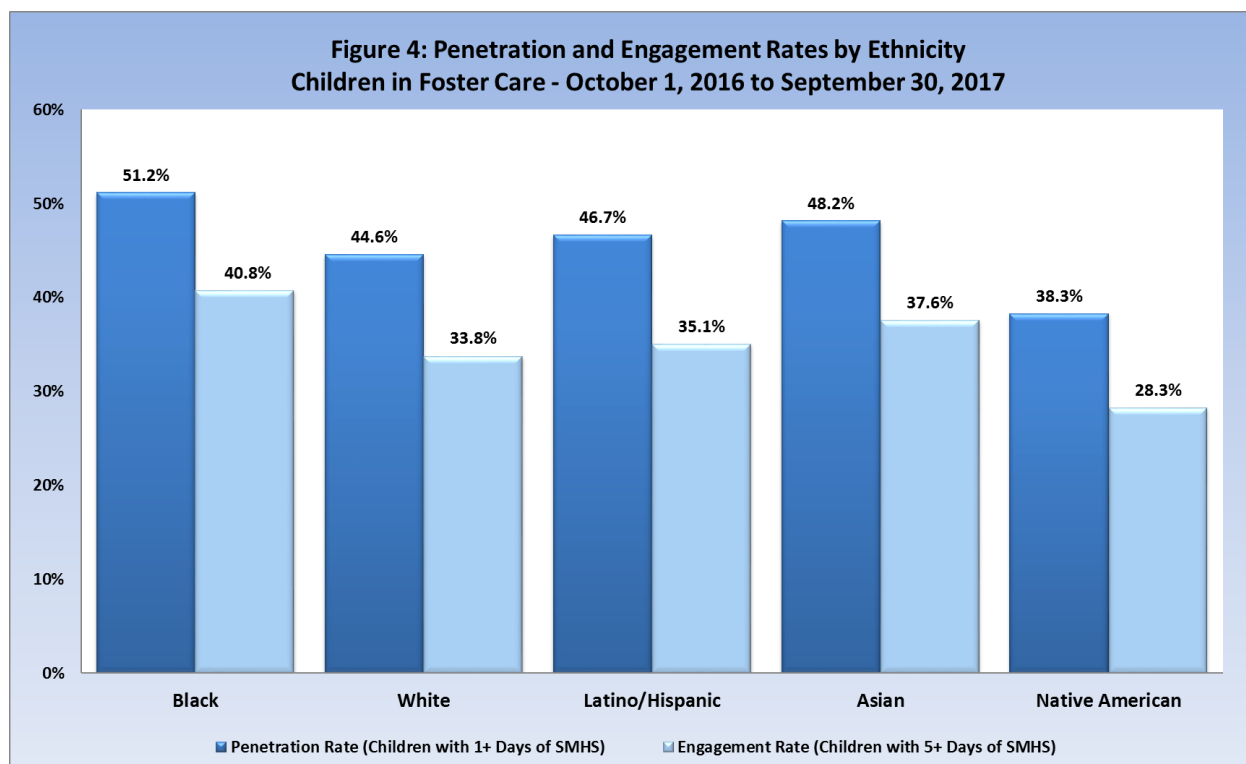
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Age is calculated as of the last day of the reporting period.

Children/Youth in Foster Care: Penetration and Engagement Rates by CDSS Race/Ethnicity

Similar to the findings for the larger group of children with an open child welfare case, children in foster care with SMHS claims did not differ greatly by ethnicity (see Figure 4 and Table 6).

Note: the race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

Race/Ethnicity is based on CWS/CMS. Child Race/Ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 6: Specialty Mental Health Services by Race/Ethnicity for Children in Foster Care – October 1, 2016 to September 30, 2017^{1, 2}

Race/Ethnicity ³	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	16,676	20.7%	8,537	51.2%	6,804	40.8%
White	17,881	22.2%	7,976	44.6%	6,044	33.8%
Latino/Hispanic	40,723	50.7%	19,016	46.7%	14,278	35.1%
Asian	1,574	2.0%	758	48.2%	592	37.6%
Native American	1,060	1.3%	406	38.3%	300	28.3%
Missing	2,463	3.1%	1,437	58.3%	1,166	47.3%
Total	80,377	100%	38,130	47.4%	29,184	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

SMHS Utilization by CWS Placement Type

As noted previously, 80,377 children with an open child welfare case were in foster care during this time period and of these children, 38,130 received a SMHS. In previous reports, penetration rates for out-of-home placement facility types have been reported, determined by the last placement where a child received services. In this report, a new approach is introduced, which identifies the facility type in which children received the most services, and enables the presentation of penetration and engagement rates by this “predominant placement.”³ The overall pattern of penetration rates remains the same as in previous reports, with a higher proportion of children in group homes and county shelters/receiving homes receiving SMHS (73.2 and 65.8 percent, respectively) than children in other placements (see Table 7). Approximately half of children placed in foster family homes received one or more SMHS during this time period. This overall pattern holds for engagement rates, as well, except that the rate for county shelters/receiving homes (44.5 percent) more closely resembles Foster Family Agency approved and foster family homes (38.8 and 37.7 percent, respectively) than group homes (61.6 percent). Group homes were the only facility type wherein more than half of the children received five or more services. Slight differences in penetration rates did appear, however, with the penetration rate for “Pre-adoptive” placements declining significantly compared to last quarter as the bias towards final placements no longer holds.

³ The total population for each facility type is determined by combining the predominant placements by services for those who received an SMHS with the predominant placement by duration of stay for those who did not receive any SMHS services.

Table 7: Specialty Mental Health Services by Predominant Placement Type for Children in Foster Care – October 1, 2016 to September 30, 2017^{1, 2}

Predominant Placement Type ³	Total # of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Group Home	8,614	6,306	73.2%	5,307	61.6%
County Shelter/Receiving Home	310	204	65.8%	138	44.5%
Foster Family Agency Certified Home	22,731	11,754	51.7%	8,830	38.8%
Foster Family Home	9,114	4,473	49.1%	3,440	37.7%
Relative/NREFM Home	29,567	13,073	44.2%	9,888	33.4%
Non-Foster Care	1,049	378	36.0%	201	19.2%
Guardian Home	2,458	683	27.8%	568	23.1%
Court Specified Home	201	46	22.9%	30	14.9%
Supervised Independent Living Placement	2,590	542	20.9%	379	14.6%
Pre-Adoptive	1,230	401	32.6%	252	20.5%
Missing	1,050	270	25.7%	151	14.4%
Total (not including children served while in home)	78,914				
In Foster Care at Some Point During Time Period but Served Only While in Home	1,463				
Total	80,377	38,130	47.4%	29,184	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Placement Type was determined by identifying the placement type where the child received the most services for those with a SMHS claim, and the placement type where they stayed the longest during the time period for those without a SMHS claim.

⁴ Includes children whose placement was in an 'Other' facility (ex. hospital, juvenile hall).

To further characterize mental health utilization for children residing in group homes, penetration and engagement rates also were examined by predominant group home Rate Classification Level (RCL). RCLs are funding categories which reflect the intensity of services provided at the group home. Group homes are categorized from a level 5 (at the lowest level of service intensity) to a level 14, reflecting the highest intensity of services provided. Thus, children and youth residing in higher level RCLs generally need a higher level of care and supervision than children in lower level RCLs. Analysis of claims data suggests that penetration and engagement rates are generally higher for children and youth in higher RCL homes than for those in lower RCL homes (see Table 8). Penetration and engagement rates were highest in RCL 14 homes: 96.8 percent of child welfare supervised and 92.4 percent of probation supervised children and youth in these homes had one or more days of SMHS, while 94.9 percent and 87.6 percent, respectively, had five or more days of SMHS.

Table 8: Specialty Mental Health services by Group Home RCLs for Children in Foster Care – October 1, 2016 to September 30, 2017^{1, 2}

Predominant Group Home RCL ³	Total # of Children	Percent by RCL	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Child Welfare Supervised Group Home RCL						
5 to 9	302	5.5%	223	73.8%	201	66.6%
10	585	10.8%	450	76.9%	389	66.5%
11	529	9.7%	419	79.2%	348	65.8%
12	2,569	47.2%	2,185	85.1%	1958	76.2%
14	373	6.9%	361	96.8%	354	94.9%
Unknown or No RCL ⁴	1,082	19.9%	854	78.9%	608	56.2%
Total	5,440	100%	4,492	82.6%	3858	70.9%
Probation Supervised Group Home RCL						
5 to 10	260	8.2%	102	39.2%	68	26.2%
11	112	3.5%	45	40.2%	33	29.5%
12	1,044	32.9%	724	69.3%	590	56.5%
14	105	3.3%	97	92.4%	92	87.6%
Unknown or No RCL ⁴	1,653	52.1%	846	51.2%	666	40.3%
Total	3,174	100%	1,814	57.2%	1449	45.7%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ RCL was determined by identifying the level where the child received the most services for those with a SMHS claim, and the level where they stayed the longest during the time period for those without a SMHS claim.

⁴ Group homes with unknown or no RCLs include STRTPs and group homes that are located out of state or do not receive a federal AFDC-FC payment (examples include regional center homes and county-run facilities).

Children/Youth in Foster Care: SMHS Utilization by Type of Service

According to claims data, 96.8 percent of the 38,130 children in foster care who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services as well (39.9 percent; see Table 9).

Table 9: Specialty Mental Health Service by Types for Children in Foster Care – October 1, 2016 to September 30, 2017^{1, 2}

SMHS Types³	# of Children with One or More SMHS while in Foster Care⁴ (38,130)	% of Children with One or More SMHS
Mental Health (MH) Services	36,915	96.8%
Case Management	15,211	39.9%
Medication Support	9,685	25.4%
Intensive Case Coordination (ICC)	8,778	23.0%
Intensive Home Based Services	5,839	15.3%
Crisis Intervention	2,659	7.0%
Therapeutic Behavioral Services (TBS)	2,181	5.7%
Inpatient	1,589	4.2%
Crisis Stabilization	1,532	4.0%
Day Rehabilitation	490	1.3%
Day Treatment	227	0.6%
Psychiatric Health Facility (PHF)	127	0.3%
Crisis Residential	35	0.1%
Adult Residential	*	*

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

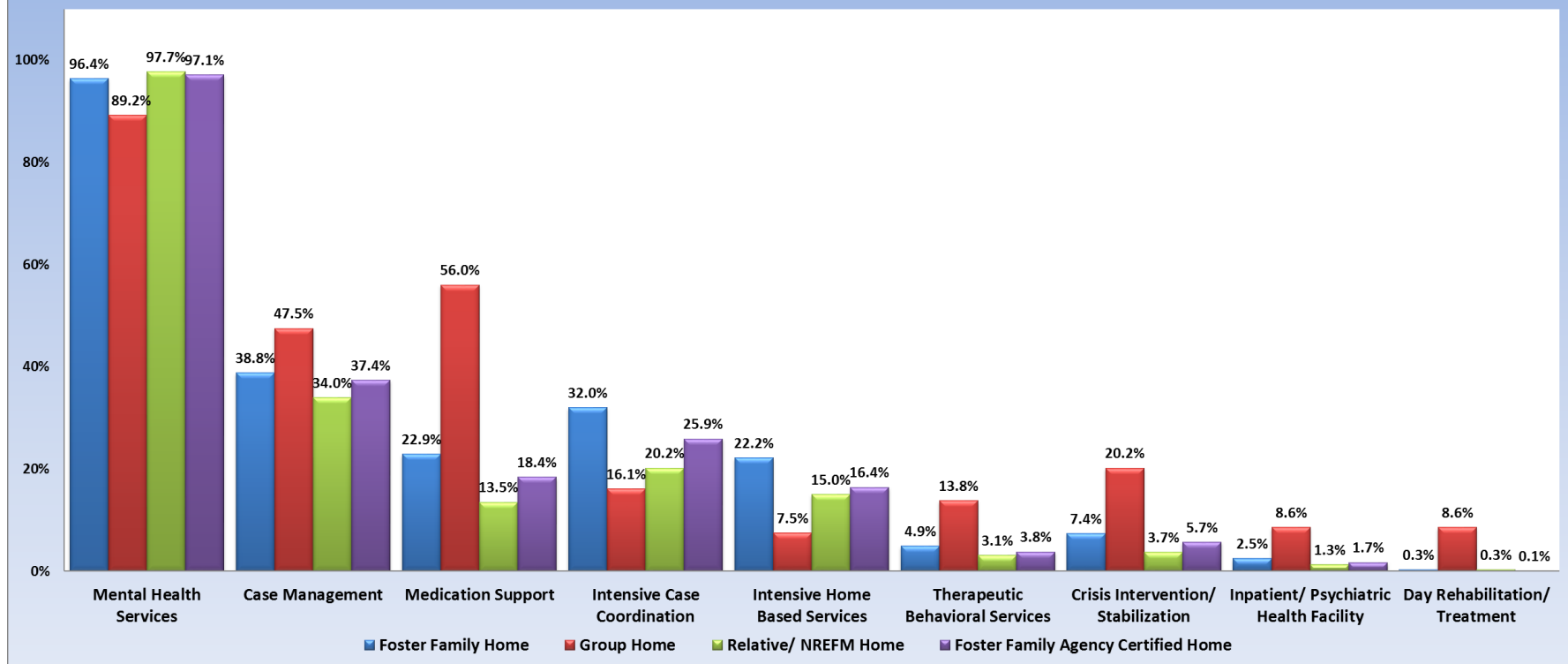
³ For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

⁴ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Further analysis of SMHS utilization by service type examines children served by placement facility type. Figure 5 and Table 10 display the number and percent of children served within the four main placement facility types by the type of SMHS claim. For example, 96.4 percent of children who had a claim for SMHS while placed in foster family homes had a claim for Mental Health Services while 89.2 percent of children who had a claim for SMHS while placed in group homes had a claim for Mental Health Services.

Results indicate that a higher percentage of children served while in group homes have claims for crisis services, inpatient, and day rehabilitation/treatment, and a lower percentage of children had claims for ICC and IHBS relative to children served while in family home placement settings. The low percentages of children in group homes receiving ICC and IHBS are consistent with policies that were in place that restricted the use of ICC and IHBS services in group homes.

**Figure 5: Of Children with SMHS Claim, Percent with Each SMHS Claim Type by Placement Facility Type
October 1, 2016 to September 30, 2017**



Note:

Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 10: Of Children with a SMHS Claim, Number and Percent with Each SMHS Claim Type by Placement Facility Type – October 1, 2016 to September 30, 2017^{1,2}

Placement Facility Type	Total Child Count ⁴	Mental Health Services ³		Case Management		Medication Support		Intensive Case Coordination		Intensive Home Based Services		Therapeutic Behavioral Services		Crisis Intervention/ Stabilization		Inpatient/ Psychiatric Health Facility		Day Rehabilitation / Treatment	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Foster Family Home	5,779	5,573	96.4%	2,241	38.8%	1,325	22.2%	1,848	32.0%	1,283	22.2%	285	4.9%	427	7.4%	143	2.5%	16	0.3%
Group Home	7,357	6,560	89.2%	3,495	47.5%	4,122	56.0%	1,187	16.1%	551	7.5%	1,015	13.8%	1,487	20.2%	633	8.6%	630	8.6%
Relative/ NREFM Home	14,437	14,100	97.7%	4,902	34.0%	1,952	13.5%	2,921	20.2%	2,165	15.0%	450	3.1%	541	3.7%	192	1.3%	46	0.3%
Foster Family Agency Certified Home	13,797	13,390	97.1%	5,162	37.4%	2,536	18.4%	3,570	25.9%	2,260	16.4%	529	3.8%	785	5.7%	231	1.7%	18	0.1%

¹ Data Source: CWS/CMS and MIS/DSS extracted on March 23, 2018.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

⁴ Child count is unduplicated within each placement facility type but may be duplicated across placement facility types. A child may be counted in several different placement facility types.

Children/Youth in Foster Care: SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

Statewide efforts have focused on examining the use of psychotropic medications to treat children in foster care. This report provides data regarding the utilization of SMHS by children ages 0-17 in foster care who had Medi-Cal paid claims for psychotropic medications. It should be noted that SMHS claims data include the various types of services listed in Tables 4 and 9.

As illustrated in Table 11 below, psychotropic medication claims were paid for 8,948 children and youth in foster care. Of these children, 7,847 (87.7 percent) also had a claim for at least one SMHS during the same time period, while 7,318 (81.8 percent) had five or more days of SMHS.

Of all the children who received a paid claim for a psychotropic medication, 319 children received at least one paid claim for an antipsychotic medication exclusively, 6,292 received a paid claim for other drug classes of psychotropic exclusive of antipsychotic, and 2,337 children received both an antipsychotic and at least one other medication of another class of psychotropic medication. Of the children for whom a claim for antipsychotic only was paid, 266 (83.4 percent) received at least one corresponding SMHS, while 245 (76.8 percent) received five or more days of SMHS. These rates were lower than children on non-antipsychotic psychotropic medications.

Table 11: Utilization of Specialty Mental Health Services for Children¹ in Foster Care with a Paid Claim for Psychotropic Medication² – October 1, 2016 to September 30, 2017³

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ⁴	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Any Psychotropic	8,948	7,847	87.7%	7,318	81.8%
Antipsychotic Psychotropic only ⁵	319	266	83.4%	245	76.8%
Antipsychotic and Non-Antipsychotic Psychotropic ⁶	2,337	2,120	90.7%	2,015	86.2%
Non-Antipsychotic Psychotropic Only ⁷	6,292	5,461	86.8%	5,058	80.4%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2017Q4 Extract and MIS/DSS March 2018 Extract

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

⁵ Children who received at least one paid claim for an antipsychotic medication only.

⁶ Children who received at least one paid claim for both an antipsychotic psychotropic medication and a non-antipsychotic psychotropic medication.

⁷ Children who received at least one paid claim for a non-antipsychotic psychotropic medication.

Children/Youth in Foster Care: Timeliness of SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

The length of time between a paid claim for medication and a SMHS claim was calculated to explore the extent to which children received SMHS in conjunction with their receipt of psychotropic medication. The majority of children (97.2 percent) had a SMHS claim submitted within 30 days of their psychotropic medication claim (see Table 12).

Table 12: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service^{1, 2} – October 1, 2016 to September 30, 2017³

Number of Days	# of Children ⁴ with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS	Percent
30 days or less	7,626	97.2%
31-60 days	84	1.1%
61-90 days	40	0.5%
91-120 days	30	0.4%
121-365 days	67	0.9%
Total	7,847	100.0%

¹ Data source: CWS/CMS 2017Q4 Extract and MIS/DSS March 2018 Extract

² Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Unduplicated children ages 0-17 were included.

Children/Youth in Foster Care: SMHS Utilization Excluding Medication Support for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

To further characterize mental health service utilization for children in foster care receiving psychotropic medications, SMHS claims were analyzed excluding medication support. The intent of this analysis was to determine whether there were children receiving psychotropic medication who only received medication support and did not receive other SMHS. The penetration rates did not differ substantially from penetration rates that included medication support: 87.7 percent of children with a psychotropic medication claim received an SMHS including medication support, 85.8 percent received concurrent SMHS excluding medication support. This suggests most children who are prescribed psychotropic medication receive SMHS, with only a small portion of those youth only receiving medication support. Engagement rates and timeliness of services for children with psychotropic medications also were similar when excluding medication support (see Tables 13 and 14).

Table 13: Utilization of Specialty Mental Health Services Excluding Medication Support for Children¹ in Foster Care with a Paid Claim for Psychotropic Medication² – October 1, 2016 to September 30, 2017³

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ⁴	Children with 1+ Days of SMHS Excluding Medication Support	Penetration Rate	Children with 5+ Days of SMHS Excluding Medication Support	Engagement Rate
Any Psychotropic	8,948	7,678	85.8%	7,239	80.9%
Antipsychotic psychotropic only ⁵	319	258	80.9%	244	76.5%
Antipsychotic and Non-Antipsychotic Psychotropic ⁶	2,337	2,079	89.0%	1,998	85.5%
Non-Antipsychotic Psychotropic Only ⁷	6,292	5,341	84.9%	4,997	79.4%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2017Q4 Extract and MIS/DSS March 2018 Extract

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

⁵ Children who received at least one paid claim for an antipsychotic medication only.

⁶ Children who received at least one paid claim for both an antipsychotic psychotropic medication and a non-antipsychotic psychotropic medication.

⁷ Children who received at least one paid claim for a non-antipsychotic psychotropic medication.

Table 14: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service Excluding Medication Support ^{1, 2} – October 1, 2016 to September 30, 2017³

Number of Days	# of Children ⁴ with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS Excluding Medication Support	Percent
30 days or less	7,417	96.6%
31-60 days	98	1.3%
61-90 days	49	0.6%
91-120 days	34	0.4%
121-365 days	80	1.0%
Total	7,678	100.0%

¹ Data source: CWS/CMS 2017Q4 Extract and MIS/DSS March 2018 Extract

² Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Unduplicated children ages 0-17 were included.

Section VI: Conclusion

This report presents an analysis of SMHS utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.2 percent) received at least one or more days of SMHS, and the majority of these children (75.4 percent) received five or more days of SMHS. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS. Fewer very young children (5 and younger) and older youth (18 and older) received services.

Focusing on children in foster care, a greater proportion of children in group homes and shelters received services than children in other placements, and within group homes the highest utilization rates were found in the highest RCLs. Children in group homes also had claims for medication support services and crisis intervention/stabilization at much higher rates than other children in foster care, and much lower rates of intensive care coordination and intensive home based services. Further, the majority (87.7 percent) of children in foster care on psychotropic medication received at least one corresponding SMHS, and 81.8 percent received five or more SMHS. Almost all children (97.2 percent) with a paid claim for a psychotropic medication and SMHS received a SMHS within 30 days.